

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

NARAL Pro-Choice America PAC

ADDRESS (number and street) ▼

1156 15th Street NW Suite 700

☐ Check if different than previously reported. (ACC)

Washington

DC

20005

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00079541

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☒ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Kimberley Robinson

Signature of Treasurer

Kimberley Robinson

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

NARAL Pro-Choice America PAC

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y
 12 / 01 / 2013

To:

 M M / D D / Y Y Y Y Y
 12 / 31 / 2013

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2013		350272.63
(b) Cash on Hand at Beginning of Reporting Period.....	388272.25	
(c) Total Receipts (from Line 19)	15292.00	264151.13
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	403564.25	614423.76
7. Total Disbursements (from Line 31)	10894.27	221753.78
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	392669.98	392669.98
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

NARAL Pro-Choice America PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
12		01		2013

To:

M M	/	D D	/	Y Y Y Y
12		31		2013

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

3125.00

69745.00

(ii) Unitemized

12167.00

194406.13

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

15292.00

264151.13

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ▶

15292.00

264151.13

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

15292.00

264151.13

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

15292.00

264151.13

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	694.27	2648.47
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	694.27	2648.47
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5500.00	108000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	-300.00	-275.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	-300.00	-275.00
29. Other Disbursements	5000.00	111380.31
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	10894.27	221753.78
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10894.27	221753.78

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	15292.00	264151.13
34. Total Contribution Refunds (from Line 28(d))	-300.00	-275.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	15592.00	264426.13
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	694.27	2648.47
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	694.27	2648.47

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 14
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NARAL Pro-Choice America PAC

Full Name (Last, First, Middle Initial)

A. Sanford Burns

Mailing Address 200 East 71st St Apt 17J

City
New York

State Zip Code
NY 10021-0469

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sterne, Agee & Leach, Inc

Occupation
Registered Representative

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 02 / 2013

Transaction ID : C9895751

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Laura Dale

Mailing Address 20729 Bell Bluff Rd

City
Gaithersburg

State Zip Code
MD 20879-1113

FEC ID number of contributing
federal political committee.

C

Name of Employer
Montgomery County Public Schools

Occupation
Teacher

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 02 / 2013

Transaction ID : C9895749

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Dolores Emspak

Mailing Address 916 Castle Pl

City
Madison

State Zip Code
WI 53703-1579

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ of Wisconsin

Occupation
Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 16 / 2013

Transaction ID : C9895812

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1050.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NARAL Pro-Choice America PAC

Full Name (Last, First, Middle Initial)

A. Gertrude Garfield

Mailing Address 5325 Etiwanda Ave

City State Zip Code
 Tarzana CA 91356-6147

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 16 2013

Transaction ID : C9895750

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Andrea J. Grant

Mailing Address 2400 Spruce St, #200

City State Zip Code
 Boulder CO 80302-3858

FEC ID number of contributing
federal political committee.

C

Name of Employer

Environmental Communications Associate

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 13 2013

Transaction ID : C9895748

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Molly S. S. Henderson

Mailing Address 2051 Rice Rd

City State Zip Code
 Lancaster PA 17603-9544

FEC ID number of contributing
federal political committee.

C

Name of Employer

City of Lancaster

Occupation

Health Inspector

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 02 2013

Transaction ID : C9895815

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NARAL Pro-Choice America PAC

Full Name (Last, First, Middle Initial)

A. Margery Sabin

Mailing Address 14 Birch Rd

City
Wellesley

State
MA

Zip Code
02482-6922

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellesley College

Occupation

Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 16 / 2013

Transaction ID : C9895827

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. R Lucinda Smith

Mailing Address 1720 Maple Ave Apt 2610

City
Evanston

State
IL

Zip Code
60201-3160

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 02 / 2013

Transaction ID : C9895752

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Marilyn Van Petten

Mailing Address 5828 Nicholas Cir

City
Amarillo

State
TX

Zip Code
79109-7459

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 02 / 2013

Transaction ID : C9895830

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

850.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NARAL Pro-Choice America PAC

Full Name (Last, First, Middle Initial)

A. James D. Wilson

Mailing Address 2112 Whiteoaks Dr

City

Alexandria

State

VA

Zip Code

22306-2433

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 03 / 2013

Transaction ID : C9895753

Amount of Each Receipt this Period

225.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

225.00

3125.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 14

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NARAL Pro-Choice America PAC

Full Name (Last, First, Middle Initial)

A. First Bank Merchant Services

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		03		2013

Mailing Address 5565 Glenridge Connector NE, Suite

City	State	Zip Code
Atlanta	GA	30342

Purpose of Disbursement
Credit card processing for PAC

Candidate Name

Category/
Type**Transaction ID : D461984**

Amount of Each Disbursement this Period

435.57

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

B. Global Payment Solutions

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		03		2013

Mailing Address 10705 Red Run Blvd

City	State	Zip Code
Owings Mills	MD	21117-5134

Purpose of Disbursement
Credit card processing fee for PAC

Candidate Name

Category/
Type**Transaction ID : D461983**

Amount of Each Disbursement this Period

50.30

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

C. Payment Solutions, Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		09		2013

Mailing Address PO Box 30217

City	State	Zip Code
Bethesda	MD	20824-0217

Purpose of Disbursement
Credit card processing fees for PAC

Candidate Name

Category/
Type**Transaction ID : D461665**

Amount of Each Disbursement this Period

208.40

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

694.27

694.27

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NARAL Pro-Choice America PAC

Full Name (Last, First, Middle Initial)

A. Alex Sink for Congress

Mailing Address PO Box 17271

City	State	Zip Code
Clearwater	FL	33762-0271

Purpose of Disbursement
Contribution

Candidate Name

Alex SinkOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☐ General☒ Other (specify) ▼
Special Primary

State: FL District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	16	/	2013

Transaction ID : D461660

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Erin Bilbray for CongressMailing Address 9101 W Sahara Ave
Ste 105

City	State	Zip Code
Las Vegas	NV	89117-5799

Purpose of Disbursement
Contribution

Candidate Name

Erin Bilbray KohnOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General☐ Other (specify) ▼

State: NV District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	16	/	2013

Transaction ID : D461661

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Recchia for Congress

Mailing Address 172 Gravesend Neck Rd

City	State	Zip Code
Brooklyn	NY	11223-4707

Purpose of Disbursement
Contribution

Candidate Name

Domenic M Recchia JrOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General☐ Other (specify) ▼

State: NY District: 11

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	16	/	2013

Transaction ID : D461663

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4500.00

--

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

NARAL Pro-Choice America PAC

5500.00

	21b		22		23		24		25		26
	27	X	28a		28b		28c		29		30b

NARAL Pro-Choice America PAC

-300.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 14 OF 14

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NARAL Pro-Choice America PAC

Full Name (Last, First, Middle Initial)

A. Mark Herring for Attorney General Recount Fund

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		16		2013

Mailing Address PO Box 6201

City	State	Zip Code
Leesburg	VA	20178

Transaction ID : D461662Purpose of Disbursement
Donation

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

5000.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

--

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

--

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

SUBTOTAL of Disbursements This Page (optional).....▶

5000.00

TOTAL This Period (last page this line number only).....▶

5000.00
